LAB AUTHORIZATION RX

LEXADENT STUDIO
CUSTOM ESTHETIC CERAMICS

3116 Tenker Creek Lane SE, Owens Cross Roads AL. 35763
E/M: info@lexadentstudio.com
P: (757)276-3343

Doctor's Name: _____ Phone: _____

Address: _____

Patient's Name: _____

Age: _____ Male: _____ Female: _____

Date Written: _____ Patient's Appointment: _____

Due Date: _____ (in accordance with turn-around times)

OPPOSING WILL BE RESTORED IN THE NEAR FUTURE

Yes ◯ No ◯

ALL CERAMIC

- ◯ Zirconia
- ◯ Layered Zirconia
- ◯ Lithium Disilicate
- ◯ Please Call Doctor

FULL CAST

- ◯ Gold
- ◯ Nobel White
- ◯ Non-Precious
- ◯ Please Call Doctor

IMPLANTS

★ *PLEASE SEE REQUIREMENTS FOR ANTERIOR CASES* ★

- ◯ Custom Abutment
- ◯ Zirconia Custom Abutment w/ Ti Base
- ◯ Cement Retained
- ◯ Screw Retained - Cement in lab? YES ◯ NO ◯

Implant System and Size:

_____

_____

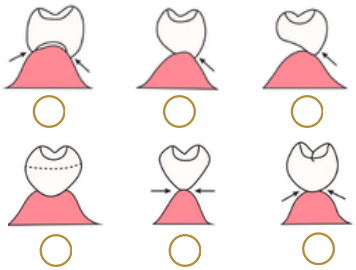
FOR CLOSE OR INSUFFICIENT CLEARANCE:

- ◯ Make Reduction Coping
- ◯ Adjust Opposing
- ◯ Please Call Doctor

SHADE: _____ **OCCLUSAL STAIN:** YES ◯ NO ◯

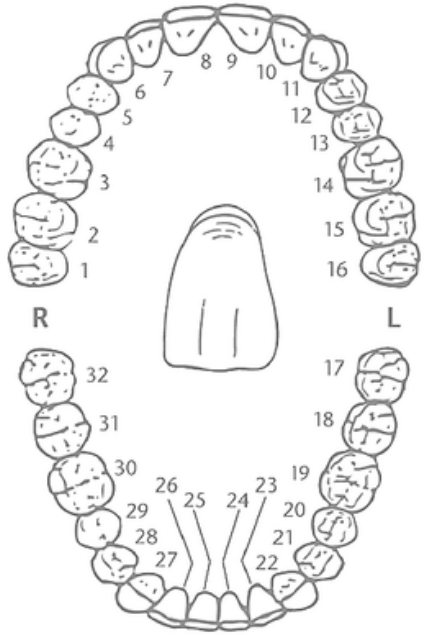
STUMP SHADE: _____ **Metal Post Present Or Very Dark?** ◯

PONTIC DESIGN:



NOTES / INSTRUCTIONS

TOOTH #: _____



DIGITAL SERVICES

- ◯ DSD
- ◯ Temp Shells
- ◯ Diagnostic Wax-Up

OTHER SERVICES

- ◯ Injection Matrix
- ◯ Occlusal Splint
- ◯ Provisional Restorations
- ◯ Hand Wax Diagnostic Wax-Up

PLEASE CHECK ALL THAT ARE INCLUDED IN BOX

- ◯ Facebow
- ◯ Bite Registration
- ◯ Articulator
- ◯ Picture(s) / USB
- ◯ Provisional Model
- ◯ Lab Analogs: Qty: ____
- ◯ Implant Parts
- ◯ Diagnostic Wax-Up
- ◯ Old Restorations
- ◯ Original Models
- ◯ Pre-Op Model
- ◯ Shade Tab(s)

By signing below, I acknowledge the terms and conditions of LexaDent Studio LLC, and such stated terms and conditions are incorporated into this form agreement.

Doctor's Signature: _____

License #: _____ Date: _____